ALL PATENTS, INCLUDING DESIGN FOR APPLICATION BASED ON PCT; PARIS CONVENTION; NON PRIORITY; OR PROVISIONAL APPLICATIONS

DECLARATION AND POWER OF ATTORNEY U.S.A.

FOR	ATT	ORNE	YS'	USE	ONLY
ATTO	RNEY	'S' DOC	KET	NO.	

101	As a below named inventor, I declare that my residence, post office address and citizenship are stated below next to my name, the information given herein is true, that I believe that I am the original, first and sole inventor (if only one name is listed at 201 below), or an original, first and joint inventor (if plural inventors are named below at 201-203, or on additional sheets attached hereto) of the subject matter which is claimed and for which patent is sought on the invention entitled:												
	ILLUMINABLE RETRACTOR												
۱۹		and and alphand in	X PCT International Application No.	X PCT International Application No. PCT/IB2004/0502		207 filed 8 March 2004							
Ш	which is described and claimed in: the attached specification			-	207								
			the specification in application Serial No.		· · · · · · · · · · · · · · · · · · ·		filed						
			(if applicable) and amended on										
	I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above. I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations, §1.58. I hereby claim foreign priority benefits under Title 35, United States Code, §119 (a)-(d) of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed:												
	Prior Foreign Ap	oplication(s)						Priority	Claimed				
	524638		New Zealand					X	No				
	(Number)		(Country)	((Day/Month/Year Filed)			Tes	140				
	527576		New Zealand	New Zealand		12 August 2003		X	ليا				
	(Number)		(Country)	(Country)		(Day/Month/Year Filed)		Yes	No				
103													
Ш	(Number)		(Country)	(Country)			•	Yes	No				
4	I hereby daim t	he benefit under Title 35. United Sta	tes Code,∍119(e) of any United States provisi	ional application(s) listed below	v:								
104		The bestell dister Flac 55, Simos Ste				Fili							
Н	Application No.	he henefit under Title 35. United Sta	Filing Date	Application No.	as the subject matter of	no	he claims of this appl	lication is	s not				
105	I hereby claim the benefit under Title 35, United States Code, >120 of any United States application (s) listed below and, insofar as the subject matter of each of the claims of this application is disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, >112, I acknowledge the duty to disclose information which is mal patentability as defined in Title 37, Code of Federal Regulations, >1.56 which became available between the filing date of the prior application and the national or PCT international filing date of application:												
		(Application Serial No.)	(F	iling Date)	(State	atus: patented, pending, abandoned)							
fron (22,	i my agent, and 769); MARVIN	transact all business in the R. STERN (20,640); ALLEN	, I hereby appoint the following attorned Patent and Trademark Office connects S. MELSER (27,215); MICHAEL R. S S. HAM (45,307) and NATHANIEL A.	cted therewith. HARVEY SLOBASKY (26,421); JO	B. JACOBSON, J	R. (20,8	51); JOHN CLAR	KE HO	LMAN				
	SEND CO	RRESPONDENCE TO:	CUSTOMER NO. 00136			PHONE CALLS TO: Attorney's Docket No.) (202) 638-6666							
OF JACOBSON HOLMAN PROFESSIONAL LIMITED LIABILITY COMPANY 400 SEVENTH STREET, N.W. WASHINGTON, D.C. 20004				÷ ()	JACOBS PROFESSIONAL LIN			N					
*Inv	entor(s) name n	nust include at least one unah	breviated first or middle name.										
	FULL NAME * FAMILY NAME FINVENTOR MORRISON		G	GIVEN NAME Paul		MIDDLE NA		ΝE					
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ă		Christchurch		NEW ZEALAND			NEW ZEALANI						
		POST OFFICE ADDRESS 4/45 Sonter Road, Sock					OR COUNTRY EALAND	ŽIP C	ODE				
		ME * FAMILY NAME TOR HEYNEN		GIVEN NAME Gary			MIDDLE NAME Felix						
S	RESIDENCE & CITIZENSHIP	CE & CITY HIP Auckland		STATE OR FOREIGN COUNTRY NEW ZEALAND			COUNTRY OF CITIZENSHIP NEW ZEALAND						
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Н	FULL NAME *	FAMILY NAME		GIVEN NAME		MIDDLE NAME							
	OF INVENTOR	4											
	RESIDENCE & CITIZENSHIP			STATE OR FOREIGN COUNTRY		COUNTRY OF CITIZENSHIP							
	POST OFFICE ADDRESS	POST OFFICE ADDRESS	c	CITY STA			TE OR COUNTRY ZIP CODE						
that	these statemen	its were made with the knowle	of my own knowledge are true and that dge that willful false statements and the ch willful false statements may jeopard	he like so made are puni:	shable by fine or im	prisonm	ent or both, under	e; and section	further n 1001				
SIC	NATURPOF	202*	SIGNATURE OF INVENTOR 203*										
DA	TE 77 -	11-2005	DATE DATE	111/05	DATE								
٠	<u>هــ هــ</u>		numbered sheets attached hereto.	11/03									

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